

# Household Moving Allowance\*

## State of South Dakota

*\*For moves less than 50 miles only*

**When Application and Authorization sections are completed, please submit the original to:**

State Board of Finance  
Office of Secretary of State  
Capitol Building 500 E Capitol Ave  
Pierre SD 57501 Phone: 605-773-3538

**Please check one:**

☐

State Transfer (SDCL 3-9-9)

Full-time continuous employment for 6 months.

☐

Professional Recruitment (SDCL 3-9-12)

Attach a written copy of the offer of employment and of payment of moving expenses.

### Application

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
New Position Title

\_\_\_\_\_  
Agency Employed By

\_\_\_\_\_  
Yearly Salary

\_\_\_\_\_  
City, State Moving From

\_\_\_\_\_  
New Post of Duty (City)

\_\_\_\_\_  
Expected Month/Year of Move

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.\*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### Authorization

I hereby certify that the above stated agency ordered the applicant to move as indicated and that the move will be for the benefit of the State of South Dakota. I further declare that to the best of my knowledge and belief the request and authorization for reimbursement of actual household moving expenses are true and correct.

\_\_\_\_\_  
Name of Authorized Agent

\_\_\_\_\_  
Position/ Title of Authorized Agent

\_\_\_\_\_  
Signature of Authorized Agent      Date

\_\_\_\_\_  
Agency of Authorized Agent

### Approval by State Board of Finance

Approved by the State  
Board of Finance on \_\_\_\_\_

\_\_\_\_\_  
Signature of Secretary, State Board of Finance

**Note: This form is for moves of less than 50 miles only. When completed, retain one copy in employee personnel file and attach original to voucher to be sent to the State Auditor Office.**